Request for Suspension of Tenure Probationary Period

Request for a one-year suspension of probationary time period as outlined in Section II B 2, Paragraph 5 of the WU Policy on Academic Freedom, Responsibility and Tenure.

Date: ________________

Name: ________________________________________

Department: ____________________________________

Reason for Request: ____________________________________________________
_____________________________________________________________________

Period of Suspension:   Start Date:  July 1,__________________
                           End Date:   June 30, ________________

NOTE: Suspension period must start and end with the academic year.

Requesting Faculty Signature: ______________________________________ Date: ____________

Step 1:  Department Chair Approval (Signature and Date)
Step 2:  Submit to Office of Faculty Promotions and Career Development
Step 3:  Associate Dean for Faculty Promotions and Career Development and
         Dean to review
Step 4:  If approved, ADFPCD and Dean to sign and return copies (as noted below)
Step 5:  If not approved, ADFPCD will provide written explanation to requesting
         faculty member and Department Chair

Approval Signatures:

Department Chair: _____________________________  Date: ______________

Assoc. Dean FPCD: _____________________________ Date: ______________

Dean:   _____________________________ Date: ______________

Cc:  Requesting Faculty Member
     Department Chair
     HR Faculty Appointments inbox, Human Resources